CENTERS FOR MEDICARE AND MEDICAID SERVICES

State Children's Health Insurance Program
(SCHIP) Statistical Enrollment Data System
(SEDS)

Instructions for Data Entry

November 2004

I. INTRODUCTION

The State Children's Health Insurance Program (SCHIP) Statistical Enrollment Data System (SEDS) is a web-based application maintained by the Centers For Medicare and Medicaid Services (CMS) to collect enrollment data from the states. The five statistical reporting forms posted on the web (Forms CMS-21E, CMS-64.21E, CMS-64EC, CMS-21Waiver, and Race, Ethnicity, Gender) gather basic information about participation of SCHIP and non-SCHIP beneficiaries in federally funded children's health insurance programs.

The Forms Training Guide (found at http://204.156.28.211/SCHIPTrainingGuide/) provides detailed instructions for accessing the system, entering and submitting data, and creating reports. This manual provides additional information to guide states through the data-entry process.

II. SUBMISSION OF DATA

States should submit quarterly enrollment data within thirty (30) days after the end of the quarter and aggregate annual data within thirty (30) days after the end of the fourth quarter. Federal fiscal year quarters and due dates are as follows: first quarter, October 1st through December 31st, data due January 30th; second quarter, January 1st through March 31st, data due April 30th; third quarter, April 1st through June 30th, data due July 30th; and fourth quarter, July 1st to September 30th, data due October 30th

For states that allow retroactive eligibility, these initial enrollment reports will be deemed preliminary. These states should also submit final reports thirty (30) days after the end of the next quarter. The final reports should include information about children whose eligibility was retroactive to the earlier quarter. So, for example, a state with retroactive eligibility would submit a preliminary report for the second quarter of the federal fiscal year (January 1st through March 31st) by April 30th and a final report for that quarter by July 31st. The final report for the second quarter would include information about children who applied in the third quarter (April 1st through June 30th) whose eligibility was retroactive to some time in the second quarter.

III. REPORTING FORMS

The five (5) reporting forms posted on the web collect information about children with three (3) different types of federally funded health care coverage.

> **Form CMS-21E.** This form collects data on children enrolled in separate child health programs. Use one (1) copy of this form to report data for each separate child health program and/or operational entity. If, for example, a state operates one separate child health program that serves children with disabilities and a second separate child health program that serves other children, the state should submit two (2) Form CMS-21Es. The system will combine data from the two forms to create an aggregate report. In the case of special programs that provide additional services

to certain children who are enrolled in the state's comprehensive separate child health program, the state should use the narrative function in the system to note on the form for the non-comprehensive program that the children counted on the form are also counted on the form for the comprehensive program. Say, for example, that the state operates a program that provides only behavioral health services to children with special needs who are enrolled in the state's comprehensive child health program. The state should submit one Form CMS-21E for each of these two programs. On the form for the behavioral health program, the state should note that children enrolled in this program are also enrolled in comprehensive program.

Form CMS-64.21E. This form collects data on children enrolled in Medicaid expansion SCHIPs. Use one (1) copy of this form to provide data on all children covered by the state's Medicaid expansion.

Form CMS-64EC. This form collects data on children enrolled in the Medical Assistance Program—that is, Title XIX-funded Medicaid coverage, which we will refer to throughout this manual as "traditional Medicaid." Use one (1) copy of this form to provide data on all children covered by traditional Medicaid.

All three (3) forms collect enrollment data by age category, State-defined income levels, and type of service delivery system. Each report consists of four (4) screens (pages), one for each of four (4) specified age groups, except for the CMS-21E has five (5) specified age groups and five screens (pages). Separate columns are designated for each income group, and separate rows for each type of delivery system in which enrollees may be served.

The quarterly report for each program should present unduplicated counts of enrollees, (there should be no duplication between program types) disenrollees, enrollment months, and enrollees in program on the last day of the quarter, for each program. A child who was enrolled in two different programs (e.g., separate child health program and a SCHIP Medicaid expansion) during the quarter should be only counted in the program that he or she was last enrolled.

Form CMS-21 Waiver. This form collects data on adults enrolled in an SCHIP section 1115 waiver for whom the state receives the title XXI federal matching rate for at least some of the expenditures.

Form Gender, Race, and Ethnicity. This form collects gender, race, and ethnicity data for all enrollees reported on the forms "CMS-21E", "CMS-64.21E", and "CMS-64EC".

Form Waiver Gender, Race, and Ethnicity. This form collects gender, race and ethnicity data for all enrollees reported on the form "CMS-21 Waiver".

IV. DEFINITIONS AND RULES

This section defines the various reporting categories specified on the forms and provides detailed reporting rules.

A. HEADER ITEMS

The following items appear in the header of all four (4) enrollment data forms, except for the forms for gender, race and ethnicity which have a uniquely different header (see below).

Quarter and Year. Enter the quarter (1-4) and the Federal Fiscal Year (FFY) to which the data pertain. The FFY runs from October 1 through September 30. For example, the first quarter of FFY 2005 is October 1 through December 31, 2004; the second quarter is January 1 through March 31, 2005; the third quarter is April 1 through June 30, 2005; and the fourth quarter is July 1 through September 30, 2005.

Program Code. (This item appears only on Form CMS-21E, the separate child health program form.) States should report enrollment data for each separate child health program and/or operational entity on a separate copy of Form CMS-21E. The program code uniquely identifies the separate child health program to which the report pertains. To create a program code, enter the two-letter state abbreviation followed by a number from 1 to 9999. For example, the State of Florida would enter FL1, for its first separate child health program, FL2 for its second separate child health program, and so forth.

Type of Eligible. (This item appears only on Form CMS-64.21E, the Medicaid expansion form). This two-character code identifies the Medicaid expansion group or groups to which the data pertain.

> **U2.** Select "U2" if the State's Medicaid expansion covers only the 1905(U)(2) expansion group, optional targeted low income children. These are uninsured children under age 19 who meet Title XXI eligibility requirements who would not be eligible for traditional Medicaid under the state plan in effect on 3/31/97.

Age of Children. Each reporting form has four (4) screens (pages) except the CMS-21E has five (5) screens (pages), one for each of four (4) or five (5) specified age groups: "Under 0,"(CMS-21E only) "0-1," "1-5," "6-12," and "13-18" (inclusive). Age is defined as the child's age on the last day of his or her enrollment during the quarter.

Family Income. States should report data separately for at least two (2) income groups. Each income group should be specified in relation to the Federal poverty level (FPL). States may define countable income and the family unit as they choose. The specific income groups for which a state reports data will depend on the cost-sharing requirements in its SCHIP. States that do not impose cost-sharing or that use a sliding

scale to apply cost-sharing should report data for each program by two income categories: (1) up to and including 150% of the FPL and (2) over 150% of the FPL. States that impose cost-sharing at state-specified income levels (e.g., above 185% of the FPL) should report data by income categories that match their cost-sharing categories.

Each form provides five (5) columns, to allow states to report data for up to five (5) income groups.

For each income group, the state should enter a column heading specifying the income range covered. The forms are partially automated. The system automatically sets to zero (0) the lower end of the income range in the heading for the first column. After the state specifies the upper end of the income range in the first column, the system will automatically set the lower end of the income range in the next column to one more than the value entered in the preceding column. So, for example, if the state enters "150" as the upper end of the income range in the first column, the system will set the lower end of the income range in the next column to "151."

B. HEADER ITEMS for Gender, Race, and Ethnicity forms.

The following items appear in the header of each of the three (3 forms), Gender, Race, and Ethnicity for the SCHIP children's programs

Quarter and Year. Enter the quarter (1-4) and the Federal Fiscal Year (FFY) to which the data pertain. The FFY runs from October 1 through September 30. For example, the first quarter of FFY 2005 is October 1 through December 31, 2004; the second quarter is January 1 through March 31, 2005; the third quarter is April 1 through June 30, 2005; and the fourth quarter is July 1 through September 30, 2005.

Program Forms. States must report each enrollee's gender, race, and ethnicity on "Race, Ethnicity, and Gender" forms. Each of these forms have four (4) columns, the first column "21E Enrolled", the second column "64.21E Enrolled", the third column "Total SCHIP Enrolled", totals the first two columns, and the fourth column "64EC Enrolled."

However, the form for Waiver, Race, Ethnicity, and Gender and has only one (1) column, "Waiver Adults."

C. CATEGORIES OF SERVICE DELIVERY SYSTEM

States must report each descriptive statistic (e.g., unduplicated number of new enrollees) by the type of delivery system in which the children were served: fee-for-service (FFS), a managed care arrangement, or primary care case management (PCCM). Each child should be grouped in one of these three categories based on the system in which he or she was last covered during the quarter. This categorization should reflect the basic plan in which a child was enrolled. For example, a child enrolled in a FFS plan who receives

mental health services through a "carve-out" to a prepaid health plan should be counted in the FFS group. The three types of service delivery systems are defined as follows.

Fee for service. FFS is defined in this context as a payment system in which providers submit claims to the state (or a claims processing firm that contracts with the state) and are paid a specific amount for each service performed. Enrollees are free to visit any state-certified provider. Count a child in the FFS category if FFS was the last system in which he or she was covered for basic services during the quarter.

Managed care arrangements. Managed care is defined in this context as a system in which the state contracts with health maintenance organizations (HMOs) or health insuring organizations (HIOs) to provide a comprehensive set of services on a prepaid capitated risk basis. Enrollees choose a plan and a primary care provider (PCP), who will be responsible for managing their care. Count a child in the managed care category if managed care was the last system in which he or she was covered for basic services during the quarter.

Primary care case management. PCCM is defined in this context as a system in which the state contracts directly with PCPs who are responsible for providing or coordinating medical services to the SCHIP or Medicaid enrollees under their care. Most State PCCM programs reimburse PCPs on a FFS basis for medical services and also pay them a monthly management fee; some programs operate on a partial capitation basis. Count a child in the PCCM category if PCCM was the last system in which he or she was covered for basic services during the quarter.

D. ENROLLMENT MEASURES FOR FORMS CMS-21E, CMS-64.21E, CMS-64EC, AND CMS-21 WAIVER.

This section defines each enrollment measure and outlines rules for counting enrollees, new enrollees, disenrollees, and enrollment months. Some key rules are highlighted in Table 1.

Unduplicated Number of Children Ever Enrolled During the Quarter. Report each child enrolled in the program for any length of time during the quarter. Count each child only once on each quarterly report regardless of the number of times he or she was enrolled or re-enrolled in the program during the quarter. (However, if a child was enrolled in multiple programs--separate child health program, or SCHIP Medicaid expansion during the quarter, count him or her on the quarterly report for which they were last enrolled.)

Note that any child reported as a new enrollee or disenrollee during the quarter must also be reported as ever enrolled. Report each child under the service delivery system in which he or she was last covered for basic services during the quarter.

Report children with retroactive eligibility as "ever enrolled" in the quarter in which they applied and, if their coverage became effective in an earlier quarter, as "ever enrolled" in that quarter as well (on the final report for that quarter, as described in Section II).

Unduplicated Number of New Enrollees in the Quarter. Report as a new enrollee any child enrolled in the program at any time during the quarter who was not enrolled in the program as of the last day of the previous quarter. Count each child once on each quarterly report regardless of the number of times he or she enrolled and re-enrolled in the program during the quarter. If, for example, a child was enrolled for the first time in a state's separate child health program in the first month of a quarter, disenrolled in the second, and re-enrolled in the third, he or she should be counted as one new enrollee on the report for that quarter. Report each new enrollee under the service delivery system and program type in which he or she was last covered for basic services during the quarter.

A child with retroactive eligibility should be reported as a new enrollee in the quarter in which his or her coverage became effective. If a child's eligibility is retroactive to an earlier quarter, the state should report him or her as a "new enrollee" (as well as "ever enrolled") in that earlier quarter when it submits its final (updated) report for that quarter. (See Section II.)

Unduplicated Number of Disenrollees in the Quarter. Report as a disenrollee any child who disenrolled from the program at any time during the quarter who was not re-enrolled as of the last day of the quarter. Count each child once on each quarterly report regardless of the number of times he or she enrolled and disenrolled from the program during the quarter. Report each disenrollee under the service delivery system and program type in which he or she was last covered for basic services during the quarter. Two circumstances—"aging out" and disenrollment at the end of a quarter--warrant particular attention. A child who "ages out" of a program during the quarter (for example, an SCHIP enrollee who turns 19) should be counted as a disenrollee during that quarter. A child who is disenrolled at the end of the quarter should be reported as a disenrollee in that quarter. That is, a child who is enrolled through the last day of the quarter for which the state is reporting data but who is no longer enrolled as of the first day of the next quarter should be counted as a disenrollee in the earlier quarter (the quarter being reported).

This rule ensures that a child is reported as a disenrollee only in a quarter in which he or she is reported as ever enrolled.

Number of Member-Months of Enrollment in the Quarter. Tally member-months for each child ever enrolled during the quarter. Count one month for each month in which the child was enrolled for at least one day. Count all of a child's member-months for a quarter under the service delivery system and program type in which he or she was last covered for basic services during the quarter.

Average Number of Months of Enrollment. The system automatically calculates the average number of months of enrollment by dividing the figures entered in section 4 (member-months of enrollment) by the corresponding figures in section 1 (number ever enrolled).

Number of Children Enrolled At Quarter's End. Report the number of children enrolled in the program on the last day of the quarter. Report each child under the service delivery system and program type in which he or she was covered for basic services on that day. This point-in-time number will always be less than or equal to the number ever enrolled during the quarter.

Unduplicated Number of Children Ever Enrolled in the Year. This item appears only on the report for the fourth quarter of the FFY. Report each child enrolled in the program at any time during the FFY (October 1 through September 30). Count each child once regardless of the number of times he or she was enrolled or re-enrolled in the program during the year.) Report each child under the service delivery system and program type in which he or she was last covered for basic services during the quarter.

E. CATERGORIES AND DEFINITIONS FOR GENDER, RACE, AND ETHNICITY FORMS.

Each gender, race, and ethnicity form has three sections.

Gender. This section has three (3) categories, Female, Male, and Unspecified Gender. States submit the number of enrollees who self report that they are Female, or Male, and if not reported, states shall report that the enrollee is an Unspecified Gender.

Race. This section has seven (7) categories, American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, White, More than one race (regardless of ethnicity), and Unspecified race. States submit the number of enrollees who self report that they are any of the above or a combination of the above. The definitions of each self reported category mandated by OMB and identified on the form as follows:

- **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, The Philippine Island, Thailand, and Vietnam.
- **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such a "Haitian" or "Negro" can be used in addition to "Black or African American."

- **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- **White.** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- **More Than One Race (regardless of ethnicity).** If a person self reports more than one of the above racial categories, report this count for those persons selecting more than one race, as well as the counts for the individual races selected. States shall offer respondents the option of selecting one or more racial designations. (Recommended forms for the instruction accompanying the multiple response question are "Mark one or more" and "Select one or more.")
- **Unspecified Race.** A person who chooses not to respond shall be reported in this racial category.

Ethnicity. This section has three (3) categories, Hispanic or Latino, Hispanic or Latino and one or more races, and Unspecified Ethnicity.

- **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term, "Spanish origin," can be used in addition to "Hispanic or Latino."
- **Not Hispanic or Latino.** Respondents who self report that they are not of Hispanic or Latino cultural origin shall be counted in this category.

TABLE 1

KEY RULES FOR REPORTING ENROLLMENT DATA

- Each quarterly report (CMSA-21E, CMS-64.21E, CMS-64EC, and CMS 21 Waiver) should present unduplicated within-program counts of enrollees, disenrollees, and enrollment months for each program. A child's enrollment in another children's health insurance program before, during, or after the quarter should not affect how he or she is reported or categorized on the report for any given program.

- Any child reported as a new enrollee or disenrollee during a quarter must also be reported as ever enrolled during the quarter.

- Children should be grouped into service delivery system and program type categories based on the delivery system and program type in which they were last covered for basic services during the quarter.

- A "new enrollee" is a child who was enrolled in the program at any time during the quarter who was not enrolled on the last day of the previous quarter.

- Children whose eligibility is retroactive to an earlier quarter should be reported as new enrollees in the quarter in which their coverage became effective, not in the quarter in which they applied. They should be reported as ever enrolled in both quarters.

- A "disenrollee" is a child who was disenrolled from the program at any time during the quarter who was not re-enrolled as of the last day of the quarter.

- A child who was enrolled only through the last day of a quarter (no longer enrolled as of the first day of the next quarter) should be counted as a disenrollee in the earlier quarter.

- A child who "ages out" of a program during the quarter should be counted as a disenrollee in that quarter.

- An "enrollment month" is any month in which a child was enrolled for at least one day.

- All of a child's enrollment months for the quarter should be counted under the service delivery system and program type in which he or she was last covered for basic services during the quarter.